

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐  
(Shaded Areas)

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING  
TALLAHASSEE, FL 32399-0537

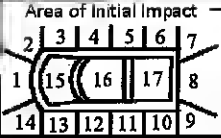

TOTAL # OF VEHICLE SECTION(S) 4

TOTAL # OF PERSON SECTION(S) 4

TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 03/01/2012	TIME OF CRASH 07:49AM	DATE OF REPORT 03/01/2012	REPORTING AGENCY CASE NUMBER 12-4113	HSMV CRASH REPORT NUMBER 91686611
<b>CRASH IDENTIFIERS</b>				
COUNTY CODE 05	CITY CODE 52	COUNTY OF CRASH Polk	PLACE OR CITY OF CRASH Lakeland	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>
TIME ON SCENE 07:55AM	TIME CLEARED SCENE 11:30AM	CHECK IF COMPLETED <input type="checkbox"/>	REASON (If Investigation NOT Complete) THI Follow-up	Notified By: 1 Motorist 2 Law Enforcement <input checked="" type="checkbox"/>
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>				
CRASH OCCURRED ON STREET, ROAD, HIGHWAY Lake Hollingsworth Drive			AT STREET ADDRESS # 929	AT LATITUDE AND LOGITUDE
FEET 150	MILES	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY Cleveland Heights BLVD	OR FROM MILEPOST #
<b>Road System Identifier</b> 5 Interstate 1 U.S. 3 State		7 Forest Road 8 Private Roadway 9 Parking Lot 6 Blowing Sand, Soil, Dirt 77 Other, Explain in Narrative	<b>Type of Shoulder</b> 1 Paved 2 Unpaved 3 Curb	<b>Type of Intersection</b> 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/></b>				
<b>Light Condition</b> 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted	<b>Weather Condition</b> 1 Clear 2 Cloudy 3 Rain	<b>Roadway Surface Condition</b> 1 Dry 2 Wet 4 Ice/Frost	<b>School Bus Related</b> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	<b>Manner of Collision/Impact</b> 3 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown
<b>First Harmful Event</b> 11	<b>Non-Collision</b> 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran Into Water/Canal 9 Other Non-Collision	<b>Collision Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	<b>Collision with Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier	<b>First Harmful Event Location</b> 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown
<b>First Harmful Event within Interchange</b> 1 No 2 Yes 88 Unknown	<b>First Harmful Event Relation to Junction</b> 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related	<b>Contributing Circumstances: Road</b> 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps	<b>Contributing Circumstances: Road</b> 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown	<b>Contributing Circumstances: Environment</b> 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare
<b>Work Zone Related</b> 1 No 2 Yes 88 Unknown	<b>Crash in Work Zone</b> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	<b>Type of Work Zone</b> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	<b>Workers in Work Zone</b> 1 No 2 Yes 88 Unknown	<b>Law Enforcement in Work Zone</b> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
<b>WITNESSES</b>				
NAME		ADDRESS		CITY & STATE
NAME		ADDRESS		CITY & STATE
NAME		ADDRESS		CITY & STATE
<b>NON VEHICLE PROPERTY DAMAGE</b>				
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business) ADDRESS CITY & STATE ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business) ADDRESS CITY & STATE ZIP CODE

<b>VEHICLE #</b> 1		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b> 12-4113		<b>HSMV CRASH REPORT NUMBER</b> 91686611	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b> K619TN		<b>STATE</b> FL		<b>REGISTRATION EXPIRES</b> 2/3/13	
<b>Check if Permanent Registration</b> <input checked="" type="checkbox"/>		<b>VIN</b>		<b>DAMAGE:</b> 1 Disabling 2 Functional 3 None		<b>4 Minor</b> 88 Unknown	
<b>Hit and Run</b> 1 No 2 Yes 88 Unknown		<b>YEAR</b> 1994		<b>MAKE</b> Ford		<b>MODEL</b> Ranger	
<b>STYLE</b> Pickup		<b>COLOR</b> White		<b>EST. AMOUNT</b> 1500		<b>2</b>	
<b>INSURANCE COMPANY</b> MGA Insurance Company		<b>INSURANCE POLICY NUMBER</b>		<b>Towed due to Damage:</b> 1 No 2 Yes		<b>VEHICLE REMOVED BY</b> Webbs (Contract)	
<b>NAME OF VEHICLE OWNER</b> (Check if Business) <input type="checkbox"/>		<b>CURRENT ADDRESS</b> 502 Kansas Avenue		<b>CITY &amp; STATE</b> Lakeland		<b>ZIP CODE</b> 33815	
<b>TRAILER #</b>		<b>LICENSE NUMBER</b>		<b>STATE</b>		<b>REGISTRATION EXPIRES</b>	
<b>Check if Permanent Registration</b> <input type="checkbox"/>		<b>VIN</b>		<b>YEAR</b>		<b>MAKE</b>	
<b>LENGTH</b>		<b>AXLES</b>		<b>YEAR</b>		<b>MAKE</b>	
<b>LENGTH</b>		<b>AXLES</b>		<b>YEAR</b>		<b>MAKE</b>	
<b>VEHICLE TRAVELING</b> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		<b>ON STREET, ROAD, HIGHWAY</b> Lake Hollingsworth Drive		<b>AT EST. SPEED</b>		<b>POSTED SPEED</b>	
<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>	
<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>		<b>Area of Initial Impact</b>		<b>Most Damaged Area</b>	
<b>MOTOR CARRIER ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	
<b>Vehicle Body Type</b> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>Trafficway</b> 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck		<b>Cargo Body Type</b> 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>Emergency Vehicle Use</b> 1 No 2 Yes 88 Unknown		<b>Sequence of Events</b> 1st 2nd 3rd 4th	
<b>Most Harmful Event</b> 14		<b>Comm GVWR/GCWR</b> 1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		<b>Collision with Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		<b>Collision Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End	
<b>Non-Collision</b> 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		<b>Vehicle Maneuver Action</b> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing		<b>Traffic Control Device for This Vehicle</b> 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		<b>Vehicle Defects</b> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	
<b>Roadway Grade</b> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> 1 Straight 2 Curve Right 3 Curve Left		<b>Special Function of Motor Vehicle</b> 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		<b>VIOLATIONS</b>	
<b>Special Function of Motor Vehicle</b> 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus		<b>Special Function of Motor Vehicle</b> 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		<b>PERSON #</b>		<b>NAME OF VIOLATOR</b>	
<b>FL STATUTE NUMBER</b>		<b>CHARGE</b>		<b>CITATION NUMBER</b>		<b>PERSON #</b>	
<b>FL STATUTE NUMBER</b>		<b>CHARGE</b>		<b>CITATION NUMBER</b>		<b>PERSON #</b>	
<b>FL STATUTE NUMBER</b>		<b>CHARGE</b>		<b>CITATION NUMBER</b>		<b>PERSON #</b>	

VEHICLE # <b>2</b>		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER <b>12-4113</b>		HSMV CRASH REPORT NUMBER <b>91686611</b>							
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN						
Hit and Run 1 No 2 Yes 88 Unknown		YEAR	MAKE <b>ORBEA</b>	MODEL <b>ORCA</b>	STYLE <b>26'</b>	COLOR <b>WHITE</b>	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT <b>1500</b>					
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed due to Damage 1 No 2 Yes		VEHICLE REMOVED BY <b>Webbs (Contract)</b>		1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative					
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS <b>826 SUMMERFIELD DRIVE</b>		CITY & STATE <b>LAKE LAND</b>		ZIP CODE <b>33803</b>							
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR	MAKE	LENGTH	AXLES			
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR	MAKE	LENGTH	AXLES			
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY <b>LAKE HOLLINGSWORTH DRIVE</b>					AT EST. SPEED <b>18</b>	POSTED SPEED	TOTAL LANES <b>3</b>				
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact 		Most Damaged Area 			
MOTOR CARRIER NAME		US DOT NUMBER		CITY & STATE		ZIP CODE		PHONE NUMBER					
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER							
Vehicle Body Type <b>77</b>		Trafficway <b>1</b>		Commercial Motor Vehicle Configuration		Trailer Type		Cargo Body Type					
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck		8 Tractor/Triples 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown					
Comm/Non-Commercial <input type="checkbox"/>		Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 5 Saddle Mount/Trailer 6 Boat Trailer 7 Utility Trailer 8 House Trailer		1 10,000 lbs (4,536 kg) or less 2 10,001-25,000 lbs (4,536-11,793 kg) 3 More than 25,000 lbs (11,793 kg) 4 Not Applicable		1 No Cargo 2 Bus		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown					
Most Harmful Event <b>11</b>		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		Emergency Vehicle Use <b>1</b> 1 No 2 Yes 88 Unknown					
Sequence of Events 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		Roadway Grade <b>1</b> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Roadway Alignment <b>1</b> 1 Straight 2 Curve Right 3 Curve Left		Vehicle Maneuver Action <b>1</b> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		Traffic Control Device for This Vehicle <b>1</b> 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		Vehicle Defects <b>1</b> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown			
Special Function of Motor Vehicle <b>1</b> 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		VIOLATIONS		PERSON #		NAME OF VIOLATOR		EL STATUTE NUMBER		CHARGE		CITATION NUMBER	
PERSON #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER					
PERSON #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER					

VEHICLE # <b>3</b>		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER <b>12-4113</b>		HSMV CRASH REPORT NUMBER <b>91686611</b>					
1. Vehicle In Transport 2. Parked Motor Vehicle 3. Working Vehicle		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN				
Hit and Run 1. No 2. Yes 88. Unknown		YEAR	MAKE <b>LEMOND</b>	MODEL <b>TOURMALET</b>	STYLE <b>BICYCLE</b>	COLOR <b>BLUE</b>	DAMAGE 1. Disabling 2. Functional 3. None 4. Minor 88. Unknown	EST. AMOUNT <b>500</b>			
INSURANCE COMPANY			INSURANCE POLICY NUMBER		Towed due to Damage: 1. No 2. Yes	VEHICLE REMOVED BY <b>Driver</b>		1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative			
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS <b>2600 HARDEN BLVD #71</b>			CITY & STATE <b>LAKE LAND</b>		ZIP CODE <b>33803</b>				
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES		
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES		
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY <b>LAKE HOLLINGSWORTH DRIVE</b>				AT EST. SPEED <b>18</b>	POSTED SPEED		TOTAL LANES		
HAZ. MAT. RELEASED 1. No 2. Yes 88. Unknown		HAZ. MAT. PLACARD 1. No 2. Yes 88. Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS			Area of Initial Impact 2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9		
MOTOR CARRIER NAME		US DOT NUMBER		MOTOR CARRIER ADDRESS			CITY & STATE		ZIP CODE		
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER			Most Damaged Area 2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9		
Vehicle Body Type <b>77</b>		Trafficway <b>1</b>		Commercial Motor Vehicle Configuration							
1. Passenger Car 2. Passenger Van 3. Pickup 7. Motor Home 8. Bus 11. Motorcycle 12. Moped 13. All Terrain Vehicle (ATV)		15. Low Speed Vehicle 16. (Sport) Utility Vehicle 17. Cargo Van (10,000 lbs (4,536 kg) or less) 18. Motor Coach 19. Other Light Trucks (10,000 lbs (4,536 kg) or less) 20. Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21. Farm Labor Vehicle 77. Other, Explain in Narrative 88. Unknown		1. Two-Way, Not Divided 2. Two-Way, Not Divided, with a Continuous Left Turn Lane 3. Two-Way, Divided, Unprotected (painted >4 feet) Median 4. Two-Way, Divided, Positive Median Barrier 5. One-Way Trafficway 88. Unknown		1. Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2. Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3. Single-Unit Truck (3 or more axles) 4. Truck Pulling Trailer(s) 5. Truck Tractor (bobtail) 6. Truck Tractor/Semi-Trailer 7. Truck Tractor/Double Truck 8. Tractor/Triples 9. Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10. Bus/Large Van (seats for 9-15 occupants, including driver) 11. Bus (seats for more than 15 occupants, including driver) 77. Other, Explain in Narrative 88. Unknown					
Comm/Non-Commercial <input type="checkbox"/>		Trailer Type <input type="checkbox"/>		Cargo Body Type <input type="checkbox"/>							
1. Interstate Carrier 2. Intrastate Carrier 3. Not in Commerce/Government 4. Not in Commerce/Other Truck		1. Single Semi Trailer 2. Tandem Semi Trailer 3. Tank Trailer 4. Saddle Mount/Trailer 5. Boat Trailer 6. Utility Trailer 7. House Trailer 8. Pole Trailer 9. Towed Vehicle 10. Auto Transport 77. Other, Explain in Narrative 88. Unknown		1. No Cargo 2. Bus 3. Van/Enclosed Box 4. Hopper 5. Pole-Trailer 6. Cargo Tank 7. Flatbed 8. Dump 9. Concrete Mixer 10. Auto Transport 11. Garbage/Refuse 12. Log 13. Intermodal Container Chassis 14. Vehicle Towing Another Vehicle 15. Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77. Other, Explain in Narrative 88. Unknown							
Most Harmful Event <b>11</b>		Non-Collision 1. Overturn/Rollover 2. Fire/Explosion 3. Immersion 4. Jackknife 5. Cargo/Equipment Loss or Shift 6. Fell/Jumped From Motor Vehicle 7. Thrown or Falling Object 8. Ran Into Water/Canal 9. Other Non-Collision		Collision with Non-Fixed Object 10. Pedestrian 11. Pedalcycle 12. Railway Vehicle (train, engine) 13. Animal 14. Motor Vehicle in Transport 15. Parked Motor Vehicle 16. Work Zone/Maintenance Equipment 17. Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18. Other Non-Fixed Object		Collision Fixed Object 19. Impact Attenuator/Crash Cushion 20. Bridge Overhead Structure 21. Bridge Pier or Support 22. Bridge Rail 23. Culvert 24. Curb 25. Ditch 26. Embankment 27. Guardrail Face 28. Guardrail End		Emergency Vehicle Use <b>1</b> 1. No 2. Yes 88. Unknown			
Sequence of Events 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		[40-46 Sequence of Events only] 40. Equipment Failure (blown tire, brake failure, etc.) 41. Separation of Units 42. Ran Off Roadway, Right 43. Ran Off Roadway, Left 44. Cross Median 45. Cross Centerline 46. Downhill Runaway		Vehicle Maneuver Action <b>1</b> 1. Straight Ahead 3. Turning Left 4. Backing 5. Turning Right 6. Changing Lanes 8. Parked 10. Making U-Turn 11. Overtaking/Passing 13. Stopped in Traffic 14. Slowing 15. Negotiating a Curve 16. Leaving Traffic Lane 17. Entering Traffic Lane 77. Other, Explain in Narrative 88. Unknown		Traffic Control Device for This Vehicle <b>1</b> 1. No Controls 4. School Zone Sign/Device 5. Traffic Control Signal 6. Stop Sign 7. Yield Sign 8. Flashing Signal 9. Railway Crossing Device 10. Person (including Flagman, Officer, Guard, etc.) 13. Warning Sign 77. Other, Explain in Narrative 88. Unknown		Vehicle Defects <b>1</b> 1. None 2. Brakes 3. Tires 4. Lights (head, signal, tail) 6. Steering 9. Exhaust System 10. Body, Doors 11. Power Train 12. Suspension 13. Wheels 14. Windows/Windshield 15. Mirrors 16. Truck Couplings/Trailer Hitch/Safety Chains 77. Other, Explain in Narrative 88. Unknown			
Roadway Grade <b>1</b> 1. Level 2. Hillcrest 3. Uphill 4. Downhill 5. Sag (bottom)		Roadway Alignment <b>1</b> 1. Straight 2. Curve Right 3. Curve Left		Special Function of Motor Vehicle <b>1</b> 1. No Special Function 2. Farm Vehicle 3. Police 7. Taxi 8. Military 9. Ambulance 10. Fire Truck 11. Farm Labor Transport 12. School Bus 13. Transit/Commuter Bus 14. Intercity Bus 15. Charter/Tour Bus 16. Shuttle Bus 17. Farm Labor Bus 88. Unknown		VIOLATIONS					
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER				
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER				
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER				

VEHICLE # <b>4</b>		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER <b>12-4113</b>		HSMV CRASH REPORT NUMBER <b>91686611</b>	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN
Hit and Run 1 No 2 Yes 88 Unknown		YEAR	MAKE <b>Cannon</b>	MODEL <b>Continental</b>	STYLE <b>Bicycle</b>	COLOR <b>Green</b>	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY <b>Webbs (Contract)</b>		1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS <b>5017 Log Cabin Drive</b>		CITY & STATE <b>Lakeland</b>		ZIP CODE <b>33818</b>	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR MAKE LENGTH AXLES
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR MAKE LENGTH AXLES
VEHICLE TRAVELING N S E W Off-Road Unknown		ON STREET, ROAD, HIGHWAY <b>Lake Hollingsworth Drive</b>				AT EST. SPEED POSTED SPEED TOTAL LANES	
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS	
MOTOR CARRIER NAME		US DOT NUMBER		Area of Initial Impact		Most Damaged Area	
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER	
<b>Vehicle Body Type</b> <b>77</b> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>Trafficway</b> 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck 8 Tractor/Triples 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown			
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		<b>Cargo Body Type</b> 1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log 13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown			
<b>Most Harmful Event</b> <b>11</b> 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran Into Water/Canal 9 Other Non-Collision		<b>Comm GVWR/GCWR</b> 1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		<b>Collision with Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object			
<b>Sequence of Events</b> 1st 2nd 3rd 4th [40-46 Sequence of Events only] 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		<b>Collision Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		<b>Emergency Vehicle Use</b> <b>1</b> 1 No 2 Yes 88 Unknown			
<b>Roadway Grade</b> <b>1</b> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> <b>1</b> 1 Straight 2 Curve Right 3 Curve Left		<b>Vehicle Maneuver Action</b> <b>1</b> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/ 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown			
<b>Special Function of Motor Vehicle</b> <b>1</b> 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		<b>Traffic Control Device for This Vehicle</b> <b>1</b> 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		<b>Vehicle Defects</b> <b>1</b> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown			
<b>VIOLATIONS</b>							
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER

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PERSON # 2		REPORTING AGENCY CASE NUMBER 12-4113		HSMV CRASH REPORT NUMBER 91686611	
1 Driver 2 Non-Motorist 3 Passenger 2		VEHICLE # 2 NAME CECIL GEOFFREY VINING		PHONE NUMBER	
CURRENT ADDRESS (Number and Street) 826 SUMMERFIELD DRIVE		CITY & STATE LAKELAND		ZIP CODE 33803	
DATE OF BIRTH 11-25-49		SEX: 1 Male 2 Female 88 Unknown 1		DRIVER LICENSE NUMBER V552-107-49-425-0	
STATE FL		EXPIRES 11/25/13		INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality 2	
DRIVER					
DL Type 5		Required Endorsements 1		Driver's Actions at Time of Crash	
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		1 Yes 2 No 3 No Req. Endorsement		1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane 26 Ran off Roadway 27 Olsiegardeed other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 32 Other Contributing Action	
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Oistraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		3rd 4th	
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative		Condition At Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
DRIVER OR PASSENGER					
Motor Vehicle Seating Position: LOCATION (LOC) SEAT ROW OTHER 77 77 3		Helmet Use (HU) 2		Eye Protection (EP) 1	
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown		1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative	
Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	
NON-MOTORIST					
Non-Motorist Description 3		Non-Motorist Location At Time of Crash 6		Action Prior to Crash 3	
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle 7 Unknown Type of Non-Motorist		1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
Safety Equipment 2		Non-Motorist Actions/Circumstances 1		10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown	
1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		1st 1 2nd			
ALCOHOL/DRUGS/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown 1		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested 1		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	
SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown 1		ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown		BAC	
SUSPECTED DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested 1		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested 1		DRUG TEST TYPE: 1 Blood 2 Urine 77 Other, Explain in Narrative	
DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 2		EMS AGENCY NAME OR ID POLK EMS		EMS RUN NUMBER 120012364	
				MEDICAL FACILITY TRANSPORTED TO Lakeland Regional Medical Center	
ADDITIONAL PASSENGERS					
PERSON #		VEHICLE #		NAME	
DATE OF BIRTH		INJ		SEX	
LOC: S R O		EJECT		HU EP ABD RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
				MEDICAL FACILITY TRANSPORTED TO	
PERSON #		VEHICLE #		NAME	
DATE OF BIRTH		INJ		SEX	
LOC: S R O		EJECT		HU EP ABD RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
				MEDICAL FACILITY TRANSPORTED TO	

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<b>NARRATIVE</b>	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
	<b>12-4113</b>	<b>91686611</b>

I was dispatched to a traffic crash with serious injuries. Based on witness statements it was determined that three (3) bicyclists were travelling west bound on the south side of Lake Hollingsworth Drive, before a white truck turned in front of them causing a crash. All three cyclists were injured, two were transported to Lakeland Regional Medical Center. One cyclist was critically injured.

The investigation was turned over to THI Officer Catalano #145 for further investigation.

#### ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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#### ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

#### REPORTING OFFICER

ID/BADGE NUMBER <b>196</b>	RANK & NAME <b>Officer Desouza</b>	DEPARTMENT <b>Lakeland Police Department</b>	FHP <input type="checkbox"/>	SO <input type="checkbox"/>	PD <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
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DIAGRAM

REPORTING AGENCY CASE NUMBER  
**12-4113**

HSMV CRASH REPORT NUMBER  
**91686611**

